Texas Department of Criminal Justice Sick Leave Donation

NAME: Please Print: Last Name	First Name	MI	MONTH/DAY OF BIRTH	:(mm/dd)
UNIT/DEPT:	That I walle	1411		(mm/dd)
Current Accrued Sick I	Leave Balance:			_
2. Number of hours DON	ATING to Receivin	g Employee:		
3. Sick Leave Donated to:	: Name	T	nit or Department Mon	th/Day of Birth (mm/dd)
	tion is final and sha	l not be changed	leave hours shall not be refure or modified once the donation nours.	
Employee Signature			Date (mm/dd/yyyy)	
(2) under Texas Government Cod	e §§ 552.021 and 552.023, t	o receive and review the	formed about the information the agen e collected information. Under Texas G t information TDCJ has collected abou	overnment Code § 559.004
Distribution: Fax copy to Leaves Program Area, Copy: Employee	Human Resources Divis	ion at (936) 437-4140		
Pon A gongr Hao Ombr				
	Init:			
HR Representative Name and U		Time:	Agreed to Donation: ☐ Does No	ot Agree to Donation:
For Agency Use Only: HR Representative Name and U Receiving Employee Notified: Receiving Employee Unable to be Notified:	Init: Date: Date:	Time:	Agreed to Donation: Does No	ot Agree to Donation: